

Customer No. 24729

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IN THE PCT UNITED STATES RECEIVING OFFICE

Applicant: EBRINGER, Alan  
Serial No.: 09/646,579  
Filed: September 18, 2000

Attorney Docket: 09262-0269448  
International Application No.: PCT/GB99/00876  
International Filing Date: 19 March 1999  
Priority Date: 19 March 1998

For **DIAGNOSIS OF SPONGIFORM OR DE-MYELINATING DISEASE**

Commissioner of Patents and Trademarks  
BOX PCT  
Washington, D.C. 20231

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS**

Sir:

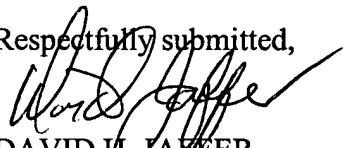
In response to the Notification of Missing Requirements mailed 7 November 2000, enclosed are the following:

1. Copy of Notice to File Missing Requirements;
2. Combined Declaration and Power of Attorney;
3. Preliminary Amendment with a copy of the Amended Sheets as originally filed;
4. A Request for a **one-month** Extension of Time;
5. A check in the amount of \$110.00 for the fee for the one-month extension;
6. A self-addressed return postcard to date stamp as confirmation of receipt of these materials.

The Commissioner is authorized to charge any required additional fees or credit any overpayment to Deposit Account 03-3975.

Date: 12-18-00

Respectfully submitted,

  
DAVID H. JAFFER  
Reg. No. 32,243

12/28/2000 MNGUYEN 00000102 09646579

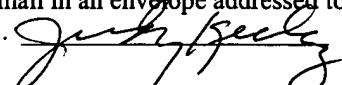
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PILLSBURY MADISON & SUTRO LLP  
2550 Hanover Street  
Palo Alto, CA 94304-1115  
Telephone: (650) 233-4510  
Facsimile: (650) 233-4545

**CERTIFICATE OF MAILING**

I, Judy Keeley, hereby certify that this correspondence with all attachment listed is being deposited with the U.S. Postal Service on 18 December 2000 with sufficient postage as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, BOX PCT, Washington, D.C. 2231.



## FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	ADD'L FEE
TOTAL	MINUS	=	x 9 =	\$		x18 = \$
INDEP.	MINUS	=	x 40 =	\$		x80 = \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + 135 =			\$	+270	\$	
			TOTAL ADD'L FEE \$		OR	TOTAL ADD'L FEE \$

(a)  No additional fee for claims required.  
 (b)  Total additional fee for claims required \$

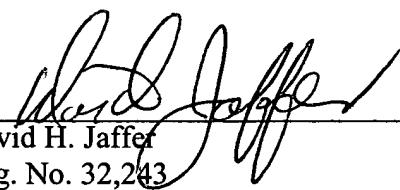
## FEE PAYMENT

5.  Attached is a check in the sum of \$ 110.00  
 Charge Account No. 03-3975 the sum of \$ .  
 A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Account No. 03-3975.

Date: December 15, 2000

  
 David H. Jaffer  
 Reg. No. 32,243

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